



## H Alabama Medicaid Physician Drug List

Effective for dates of service January 1, 2004 and thereafter, Medicaid will begin using only HCPCS codes.

### H.1 Policy

#### ***H.1.1 Injections***

Medicaid covers physician drugs when billed by a physician using the new list of approved HCPCS codes.

The HCPCS drug codes are intended for use in Physician office and Outpatient billing of manufactured medications given in each respective place of service. The Alabama Medicaid Agency only reimburses for compounded medications by the billing of NDC numbers through the Pharmacy Program directives.

Appropriate administration code(s) in the Current Procedural Terminology (CPT) may be billed in addition to the HCPCS drug codes and office visit codes for the same date of service. Please refer to the following section "Evaluation and Management Codes Billed in Conjunction With Drug Administration Codes" for details concerning office visits, chemotherapy administration, hydration therapy and chemotherapy, and date specific changes.

#### **Medicare/Medicaid Drugs**

Medicare Part B covers some drugs in a physician's office. If the recipient is dually eligible for Medicare and Medicaid, the HCPCS code should be billed first to Medicare.

Medicare Part D drugs are a pharmacy benefit and should not be billed to Medicaid by physicians or outpatient facilities. Part D drugs are billed to Medicare on a pharmacy claim with the NDC number.

Not all drugs listed in Appendix H are considered Part B drugs. Self Administered drugs are generally considered non-covered for Part B benefits. Coverage of Physician Drugs may be found on Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) or by AVRS or Provider Assistance Center at 1-800-688-7989.

Added:  
Self  
Administered  
drugs...Center  
at 1-800-688-  
7989.

#### **Site-Specific Injections**

Both the relevant CPT and J codes are billed. For example, a subconjunctival injection to the eye would be billed as 68200 (CPT) with a separate J code for the drug; thus, site specific injections are submitted as two lines.

## **EVALUATION AND MANAGEMENT CODES BILLED IN CONJUNCTION WITH DRUG ADMINISTRATION CODES**

### **Effective for Dates of Service 01/01/2006 and Thereafter**

When an Evaluation and Management Code (E & M) is billed, medical record documentation must support the medical necessity of the visit as well as the level of care provided. CPT Guidelines are utilized to determine if the key components of an Evaluation and Management Code are met. When an Evaluation and Management service is provided *and* a Drug Administration code (90772, 90773, 90774, and 90775) is provided at the same time, the E & M code, Drug Administration Code, and the HCPCs Code for the drug may be billed.

However, when no E & M service is actually provided at the time of a Drug Administration, an E & M code should not be billed. In this instance, the Drug Administration Code and the HCPCs Code for the drug may be billed. An example of this is routine monthly injections like B-12, iron, or Depo-Provera given on a regular basis without an E & M service being provided.

There have been 2006 CPT Code changes to describe other Administration Codes for Hydration (90760, 90761), Therapeutic, Prophylactic, and Diagnostic Infusions (90765, 90766, 90767, 90768) and Chemotherapy Administration Codes (96401-96542). A Significant Separately Identifiable Service must be performed in conjunction with these administration codes for consideration of payment for an Evaluation and Management Code to occur. A **Modifier 25** must be appended to the E & M service for recognition as a **“Significant Separately Identifiable Service”**. Procedure Codes 99211 will not be allowed with Modifier 25 or in conjunction with the administration codes for the same date of service. Medical record documentation must support the medical necessity and level of care of the visit. These services are subject to post payment review.

### **Chemotherapy Injections**

#### **For Dates Of Service Prior To July 1, 2005**

Medicaid will pay separately for cancer chemotherapy medications (e.g., J codes) and chemotherapy administration (e.g., 96400-96450). If an office visit occurs on the same day as chemotherapy, the office visit must be a significant, separately identifiable evaluation and management service by the same physician.

Physicians will also be paid separately for chemotherapy injections when provided with an infusion during an office visit. (Again, there must be a different diagnosis code than that of cancer.) Separate payments will be made for each chemotherapeutic agent furnished on the day of chemotherapy. This also includes chemotherapy injections when provided with an infusion during an office visit.

Medicaid will not pay for chemotherapy administration in a hospital setting, and claims for these codes with modifier 26 will not be recognized.

## Hydration Therapy and Chemotherapy

### For Dates Of Service July 1, 2005 Through December 31, 2005

Effective for Dates of Service July 1, 2005 and thereafter, the Alabama Medicaid Agency will adopt Medicare's Drug Pricing Methodology using the Average Sale Price (ASP) for HCPCS injectable drug codes. In keeping with Medicare guidelines, Alabama Medicaid will also adopt the temporary G codes designated for Chemotherapy and Non-Chemotherapy administration codes. These codes are effective for services provided on or after July 1, 2005 and before January 1, 2006. The crosswalk between the previous codes and the new codes is outlined on below.

The following CPT drug administration codes will remain in effect and covered for 2005.

- CPT code 90783 and 90788,
- CPT codes 96405 to 96406,
- CPT codes 96420 to 96520, and
- CPT codes 96530 to 96549.

The change to the G codes brings about an improvement in billing and reporting codes through the creation of new codes to identify initial infusions and additional sequential infusions. There are also new codes to identify additional non-chemotherapy sequential intravenous pushes and intravenous chemotherapy pushes for additional drugs.

Alabama Medicaid has established the following new guidelines that should be utilized by physicians when billing for administration codes.

- For non-chemotherapy injections, services described by codes G0351, G0353, G0354, and CPT codes 90783 and 90788, may be billed in addition to other physician fee schedule services billed by the same provider on the same day of service.

For IV infusions and chemotherapy infusions, if a significant separately identifiable E & M service is performed, the appropriate E & M CPT code should be reported utilizing modifier 25.

- When administering multiple infusions, injections, or combinations, only one "initial" drug administration service code should be reported per patient per day, unless protocol requires that two separate IV sites must be utilized. The initial code is the code that best describes the service the patient is receiving and the additional codes are secondary to the initial code.
- "Subsequent" drug administration codes, or codes that state the code is listed separately in addition to the code for the primary procedure, should be used to report these secondary codes. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported.
- If the patient has to come back for a separately identifiable service on the same day, or has 2 IV lines per protocol, these services are considered separately billable with a modifier 76.

| Old Code | New Code | Descriptor  | Add-On Code |
|----------|----------|---|-------------|
| 90780    | G0345    | Intravenous infusion, hydration; initial, up to 1 hour  |             |
| 90781    | G0346    | Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for procedure)  | Yes         |
| 90780    | G0347    | Intravenous infusion, for therapy/diagnosis; initial, up to 1 hour (Specify substance or drug)  |             |
| 90781    | G0348    | Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Each additional hour, up to 8 hours (List separately in addition to code for procedure)          | Yes         |
| 90781    | G0349    | Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Additional sequential infusion, up to 1 hour (List separately in addition to code for procedure) | Yes         |
| NA       | G0350    | Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Concurrent infusion (List separately in addition to code for procedure)                          | Yes         |
| 90782    | G0351    | Therapeutic or diagnostic injection (Specify substance or drug); Subcutaneous or Intramuscular  |             |
| 90784    | G0353    | Therapeutic or diagnostic injection (Specify substance or drug); Intravenous push, single or initial substance/drug   |             |
| NA       | G0354    | Therapeutic or diagnostic injection (Specify substance or drug); Each additional sequential intravenous push (List separately in addition to code for primary procedure)  | Yes         |
| 96400    | G0355    | Chemotherapy administration, subcutaneous or intramuscular; Non-hormonal antineoplastic   |             |
| 96400    | G0356    | Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic   |             |
| 96408    | G0357    | Chemotherapy administration, intravenous; push technique, Single of initial substance/drug  |             |
| 96408    | G0358    | Chemotherapy administration, intravenous; push technique, Each additional substance/drug (List separately in addition to code for primary procedure)                      | Yes         |
| 96410    | G0359    | Chemotherapy administration, intravenous infusion technique; Up to 1 hour, single or initial substance/drug   |             |
| 96412    | G0360    | Chemotherapy administration, intravenous infusion technique, Each additional hour, 1 to 8 hours (List separately in addition to code for primary procedure)               | Yes         |
| 96414    | G0361    | Chemotherapy administration, intravenous initiation of prolonged Chemotherapy infusion (more than 8 hours), requiring use of a Portable or implantable pump               |             |
| 96412    | G0362    | Chemotherapy administration, intravenous  | Yes         |

| Old Code | New Code | Descriptor   | Add-On Code |
|----------|----------|--|-------------|
|          |          | infusion technique; Each additional sequential infusion, (different substance/drug) Up to 1 hour (List separately in addition to code for primary procedure) |             |
| NA       | G0363    | Irrigation of implanted venous access device for drug delivery system<br>Reimbursable only when performed as a single service                                |             |

**For Dates Of Service January 1, 2006 And Thereafter**

Effective for Dates of Service January 1, 2006 and thereafter, the Alabama Medicaid Agency will adopt the new CPT's Chemotherapy and Non-Chemotherapy administration codes. Alabama Medicaid will also discontinue coverage of the temporary G codes designated for Chemotherapy and Non-Chemotherapy administration codes effective December 31, 2005. The temporary G codes are effective for services provided on or after July 1, 2005 and before January 1, 2006. The crosswalk between the previous codes and the new codes is outlined on page 2 of this Alert. The following CPT drug administration codes will remain in effect and covered for 2006. Please refer to the CPT 2006 guidelines for Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy) and Chemotherapy Administration codes. The following CPT code ranges are:

- CPT code ranges 90760 through 90775, and
- CPT codes ranges 96401 through 96542.

The change to the new codes brings about an improvement in billing and reporting codes through the creation of new codes to identify initial infusions and additional sequential infusions. There are also new codes to identify additional non-chemotherapy sequential intravenous pushes and intravenous chemotherapy pushes for additional drugs.

Alabama Medicaid has established the following new guidelines that should be utilized by physicians when billing for administration codes.

- For non-chemotherapy injections, services described by CPT codes 90772, 90774, and 90775 may be billed in addition to other physician fee schedule services billed by the same provider on the same day of service.
- For IV infusions and chemotherapy infusions, if a significant separately identifiable E & M service is performed, the appropriate E & M CPT code should be reported utilizing modifier 25.
- When administering multiple infusions, injections, or combinations, only one "initial" drug administration service code should be reported per patient per day, unless protocol requires that two separate IV sites must be utilized. The initial code is the code that best describes the service the patient is receiving and the additional codes are secondary to the initial code.

- “Subsequent” drug administration codes, or codes that state the code is listed separately in addition to the code for the primary procedure, should be used to report these secondary codes. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported.
- If the patient has to come back for a separately identifiable service on the same day, or has 2 IV lines per protocol, these services are considered separately billable with a modifier 76.

| Old Code | New Code | Descriptor   | Add-On Code |
|----------|----------|--|-------------|
| G0345    | 90760    | Intravenous infusion, hydration; initial, up to 1 hour   |             |
| G0346    | 90761    | Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for procedure)   | Yes         |
| G0347    | 90765    | Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour (Specify substance or drug)  |             |
| G0348    | 90766    | Intravenous infusion, for therapy, prophylaxis, or diagnosis; (specify substance or drug) each additional hour, up to 8 hours (List separately in addition to code for procedure)          | Yes         |
| G0349    | 90767    | Intravenous infusion, for therapy, prophylaxis, or diagnosis (Specify substance or drug); Additional sequential infusion, up to 1 hour (List separately in addition to code for procedure) | Yes         |
| G0350    | 90768    | Intravenous infusion, for therapy, prophylaxis, or diagnosis (Specify substance or drug); Concurrent infusion (List separately in addition to code for procedure)                          | Yes         |
| G0351    | 90772    | Therapeutic, prophylactic, or diagnostic injection (Specify substance or drug); Subcutaneous or Intramuscular  |             |
| 90783    | 90773    | Therapeutic, prophylactic or diagnostic injection (Specify substance or drug); intra-arterial  |             |
| G0353    | 90774    | Therapeutic, prophylactic or diagnostic injection intravenous push, single or initial substance/   |             |
| G0354    | 90775    | Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of a new substance/drug   | Yes         |
| G0355    | 96401    | Chemotherapy administration, subcutaneous or intramuscular; Non-hormonal antineoplastic  |             |
| G0356    | 96402    | Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic  |             |
| G0357    | 96409    | Chemotherapy administration, intravenous; push technique, single or initial substance/drug   |             |
| G0358    | 96411    | Chemotherapy administration, intravenous push technique, each additional substance/drug (list separately in addition to code for primary procedure)  | Yes         |
| G0359    | 96413    | Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug  |             |
| G0360    | 96415    | Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours  | Yes         |
| G0361    | 96416    | Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a Portable or implantable pump.           |             |
| G0362    | 96417    | Chemotherapy administration, intravenous infusion  | Yes         |

| Old Code | New Code | Descriptor   | Add-On Code |
|----------|----------|--|-------------|
|          |          | technique; each additional sequential infusion (different substance/drug) up to 1 hour (List separately in addition to code for primary procedure) |             |
| 96520    | 96521    | Refilling and maintenance of portable pump   |             |
| 96530    | 96522    | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)                           |             |
| G0363    | 96523    | Irrigation of implanted venous access device for drug delivery systems   |             |

Please refer to Chapter 19 (Hospitals) for details on chemotherapy administration and infusion therapy.

### Bevacizumab (Avastin)

There are two new procedure codes (PC) available to use for billing Bevacizumab. Both codes became available 1-1-05. The description for code S0116 is "bevacizumab, 100 mg". As a reminder, Avastin should be administered in combination with standard chemotherapy drugs for colon cancer, e.g., Fluorouracil, Leucovorin, Oxaliplatin, and Irinotecan, according to the FDA.

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### Prior Authorization Required for Orencia and Kineret

Effective September 1, 2006, injectable drugs Orencia (New Code in 2007 - J0129) and Kineret will require prior authorization as Biologicals through Health Information Designs (HID) prior to treatment. Although kineret has not been assigned HCPCS codes, you must request the Prior Authorization using procedure code J3490. After receiving authorization from HID, a CMS-1500 paper claim must be submitted to EDS including the dosage and NDC number. The letter of approval from HID must be attached to the claim, and "attachment" in block 19. These drugs must be approved through HID prior to administering and billing. HID may be contacted at 1-800-748-0130. The Prior Authorization forms are located on our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Added: (New Code in 2007 - J0129)

Added: kineret has

Deleted: these drugs have

### Immune Globulin Replacement Codes

Effective for dates of service January 1, 2006 and thereafter, Intravenous Immune Globulin has new codes. The codes are listed below for reference and may be viewed on the Physician Drug Fee Schedule on our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

| HCPCS Code | Long Description  | Max Units |
|------------|---|-----------|
| J1566      | Injection, Immune Globulin, Intravenous, Lyophilized, (e.g. powder), 500 mg.    | 140       |
| J1567      | Injection, Immune Globulin, Intravenous, Non-Lyophilized, (e.g. liquid), 500 mg | 140       |

Previous HCPCS Codes: Q9941, Q9942, Q9943, and Q9944 have been discontinued effective December 31, 2005.

## Allergy Treatments

Physicians may bill for antigen services using only the component codes (i.e., the injection only codes 95115 or 95117) and/or the codes representing antigens and their preparation (i.e., codes 95144 through 95170). Physicians providing only an injection service must bill for only code 95115 or code 95117. Professional services for allergen immunotherapy multiple injections (procedure codes 95117 and 95125) should be billed using only one unit. Effective April 1, 2003, the Agency will deny claims for these procedure codes when more than one unit is billed.

Physicians providing only the antigen/antigen preparation service would bill the appropriate code in the range of 95144 through 95170. Physicians providing both services would bill for both services. This includes allergists who provide both services through the use of treatment boards.

Physicians will no longer use the "complete" service codes, and instead must bill for both the injection and the antigen services separately, even though the current CPT definitions of the antigen codes refer to vials and the physicians using treatment boards do not create vials.

Procedure codes 95144 - 95170 are used for the provision of single or multidose vials of allergenic extract for single patient use only. These procedures should only be billed at the time that these vials are supplied to the patient.

In the November 2006 Insider, an article was published to announce a change in the maximum number of allowed units for allergen immunotherapy. Medicaid is providing clarification to guide physicians who bill for the provision of allergen immunotherapy. Medicaid allows billing for the allergen at the time an individual vial is first used for a patient, but not for the entire amount of allergen/dilution prepared for the patient at once as this would likely exceed the maximum number of allowed units.

Procedure Code 95165 represents the preparation of vials of non-venom antigens. The reimbursement for procedure code 95165 is based on preparing a vial containing a mixture of all the appropriate antigens plus diluents and calculating the number of 1/2cc billing units in the vial. Using this calculation, a 10cc vial would yield 20 billing units.

Therefore, one-half (1/2) cc equals one (1) billing unit. The actual number of doses received by a patient may differ significantly from the number of billing units. If a physician removes 1/2cc billing units from a 10cc multidose vial, and 20 billing units are obtained from one vial, he/she will still bill Medicaid for 20 billing units (aliquots). Billing for more than 20 billing units per 10cc vial would represent an overpayment and be subject to post payment review and adjustment.

When a multidose vial contains less than 10cc, physicians should bill Medicaid for the number of 1/2cc billing units that may be removed from the vial. If a physician prepares two 10cc vials containing **different allergens**, he/she may bill Medicaid for a total of 40 billing units (20 billing units per vial).

Deleted: An example of...yield 10 doses.

Deleted: THEREFORE, ONE (1) CC...REVIEW AND ADJUSTMENT

Deleted: When a multidose...of 20 doses.

Deleted: The maximum number...effective November 1, 2006.

Added: In the November...of allowed units.

Added: Procedure Code 95165...20 billing units.

Added: Therefore, one-half (1/2)...review and adjustment.

Added: When a multidose...units per vial).





The maximum number of billable units (two-10cc vials) for procedure code 95165 was set as "20" effective November 1, 2006. If multiple vials are prepared at one time, each vial should be billed when that vial is opened for use for the patient. Administration of vaccine may continue to be billed as each dose is given in the physician's office. Medical record documentation must clearly support the treatment plan, each vial used, antigens, dosage, and changes in the treatment regime.

Added: The maximum number...the treatment regime.

Claims exceeding 20 billing units (such as two 10cc vials containing different allergens) will require manual processing by sending a clean claim with medical justification, medical records, and supporting fact based documentation to:

Added: Claims exceeding 20...based documentation to:

Alabama Medicaid Agency  
P.O. Box 5624  
Montgomery, Alabama, 36104  
Attention: Medical Support Programs

Added: Alabama Medicaid Agency...Medical Support Programs

### **Botulinum Toxin Injections**

HCPCS code for J0587 reads "per 100 units". Therefore, 100 units of J0587 will equal one billing unit. However, because of the expense of the drug, physicians are encouraged to schedule patients in a manner that they can use botulinum toxin most efficiently. For example, a physician schedules three patients requiring botulinum toxin type A on the same day within the designated shelf life of the drug (shelf life is four hours). The physician administers 30 units to all three patients and bills 30 units for the first two patients and 40 units for the last patient. The physician would bill 40 units for the last patient because the patient received 30 units but the physician had to discard 10 units.

HCPCS code for J0585 reads "per unit". Therefore this code requires the units of service on the claim to reflect the number of units used. However, if a physician must discard the remainder of a single dose vial (sdv) after administering it to a patient, the Agency will cover the amount of the drug discarded along with the amount administered. For example, a physician administers 15 units of botulinum toxin type A and it is not practical to schedule another patient who requires botulinum toxin. Situations that are impractical to schedule another patient include (a) it is the first time the physician has seen the patient and did not know the patient's condition or (b) the physician has no other patients who require botulinum toxin injections.

Documentation requirements must include the exact dosage of the drug given and the exact amount of the discarded portion in the patient's medical record as well as the corresponding diagnosis. However, if no benefit is demonstrable by two sets of injections, further injections will not be considered medically necessary.

### **Units of Service**

Physician drug maximum number of units allowed are calculated based on a “per dose” basis, and by the narrative description of the HCPCS code. Some dosages are inherent in the narrative description of the codes and will assist in determining the number of units to file. When administering a lesser or greater dosage than the narrative description providers should round the billing unit up to the closest amount charted. For example, J0290, Ampicillin, up to 500 mg:

If administering 1000mg, bill 2 units

750 mg, bill 2 units

500 mg, bill 1 unit

125 mg, bill 1 unit

The Agency supports the avoidance of wasted (discarded) medicine whenever possible.

### **Flu Vaccination**

Procedure code 90657 is covered for the administration fee under the Vaccine for Children (VFC) program for eligible children under three years of age. Procedure codes 90656 and 90658 are a covered service for the administration fee under the VFC program from age three through age eighteen. Code 90658 is covered fee-for-service (vaccine medication) from age nineteen and above.

### **Vaccines for Children (VFC)**

The Vaccines for Children (VFC) program offers free vaccines to qualified health care providers for children who are 18 years of age and under who are Medicaid eligible, uninsured, American Indian or Alaskan Native, or the under insured. Providers must be enrolled in the VFC Program to receive any reimbursement for the administration of immunizations provided to recipients 0-18 years of age. The Alabama Department of Public Health administers this program.

Medicaid tracks usage of the vaccine through billing of the administration fee using CPT codes. Refer to Section A.7, Vaccines for Children, in the EPSDT appendix in this manual, for covered CPT codes.

### **ImmPRINT Immunization Provider Registry**

The Alabama Department of Public Health has established a statewide immunization registry. Please visit their website at <https://siis.state.al.us> for more information.

### **Adult Immunizations**

Payment for immunizations against communicable diseases for adults will be made if the physician normally charges his patients for this service. Immunizations that are provided to Medicaid eligible recipients 19 years old and older must submit a claim for the appropriate CPT code. Vaccines are reimbursable on a fee-for-service basis. The administration fee may be billed separately if an office visit is not billed.

### **Unclassified Drugs**

A provider who administers a physician drug not listed should use the following J codes:

- J3490 - Unclassified Drugs
- J9999 - Not otherwise classified, antineoplastic drugs.

The claim must be sent on paper with a description of the drug attached. Providers should submit a claim with the complete name of the drug, dosage and a National Drug Code (NDC) number. Please be sure to search the Physician Drug List to see if the drug is possibly under a generic name. The claims containing the unclassified procedure code must be sent to: EDS, Attn: Medical Policy, PO Box 244032, Montgomery, AL 36124-4032. EDS will determine the price of the drug.

### **Pricing of Physician Drugs**

For Dates of Service prior to July 1, 2005, physician drug prices were updated semi-annually by EDS. Medicaid reimbursement was calculated by averaging the Average Wholesale Prices (AWP) from the *Red Book* or 80-95% of DIMA (*Drug, Improvement, and Modernization Act*).

Effective for Dates of Service July 1, 2005 and thereafter, the Alabama Medicaid Agency will adopt Medicare's Drug Pricing Methodology using the Average Sale Price (ASP) for HCPCS injectable drug codes.

## H.2 Physician Drug List by Name

The following table provides a listing of valid physician drug codes sorted alphabetically by name. To view this list sorted numerically, refer to Section H.3, Physician Drug List by Procedure Code.

The inclusion or exclusion of a procedure code on this list does not imply Medicaid coverage, reimbursement, or lack thereof. To inquire regarding any restrictions/limits on these procedure codes, please consult the Provider Assistance Center at 1-800-688-7989. The pricing file must be verified to determine coverage and reimbursement amounts.

The following drugs can be injected subcutaneously, intramuscularly, or intravenously.

Effective for dates of service July 1, 2004 and thereafter, Medicaid will no longer accept X codes. Please utilize the following crosswalk when billing for services for which an X code was previously used.

| X Code | Replacement HCPCS Code |
|--------|------------------------|
| X-1015 | S0016                  |
| X1090  | S0077                  |
| X-1365 | J1700                  |
| X-1415 | J1980                  |
| X-1460 | J1055                  |
| X-1525 | J2680                  |
| X-1545 | J1980                  |
| X-1550 | J3415                  |
| X-1573 | J0696                  |
| X-1574 | J0696                  |
| X-1655 | J0595                  |
| X-1705 | J3411                  |
| X-1717 | J3301                  |

## Appendix H as of 03/05/07

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J7042          | 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)   | NO                  |
| J7060          | 5% DEXTROSE/WATER (500 ML = 1 UNIT)   | NO                  |
| J9015          | ALDESLEUKIN, PER SINGLE USE VIAL  | NO                  |
| J9010          | ALEMTUZUMAB, 10 MG  | NO                  |
| J9017          | ARSENIC TRIOXIDE, 1MG   | NO                  |
| J9020          | ASPARAGINASE, 10,000 UNITS  | NO                  |
| J7501          | AZATHIOPRINE, PARENTERAL, 100 MG  | NO                  |
| 90586          | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE         | NO                  |
| 90585          | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE           | NO                  |
| J9031          | BCG (INTRAVESICAL) PER INSTILLATION   | NO                  |
| J9040          | BLEOMYCIN SULFATE, 15 UNITS   | NO                  |
| J0585          | BOTULINUM TOXIN TYPE A, PER UNIT  | NO                  |
| J0587          | BOTULINUM TOXIN TYPE B, PER 100 UNITS   | NO                  |
| J9045          | CARBOPLATIN, 50 MG  | NO                  |
| J9050          | CARMUSTINE, 100 MG  | NO                  |
| 96445          | CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>   | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| 96440                 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS  | NO                         |
| 96450                 | CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE  | NO                         |
| 96423                 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)           | NO                         |
| 96425                 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR   | NO                         |
| 96422                 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR   | NO                         |
| 96420                 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE   | NO                         |
| 96415                 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)               | NO                         |
| 96417                 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/ DRUG), UP TO 1 HOUR (LIST SEPARATELY | NO                         |
| 96416                 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A          | NO                         |
| 96413                 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG   | NO                         |
| 96402                 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC  | NO                         |
| 96401                 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC  | NO                         |
| 96406                 | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS   | NO                         |
| 96405                 | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS   | NO                         |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| 96411          | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | NO                  |
| 96409          | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG  | NO                  |
| J9062          | CISPLATIN, 50 MG  | NO                  |
| J9060          | CISPLATIN, POWDER OR SOLUTION, PER 10 MG  | NO                  |
| J7304          | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH  | NO                  |
| J7303          | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH   | NO                  |
| J9091          | CYCLOPHOSPHAMIDE, 1.0 GRAM  | NO                  |
| J9070          | CYCLOPHOSPHAMIDE, 100 MG  | NO                  |
| J9092          | CYCLOPHOSPHAMIDE, 2.0 GRAM  | NO                  |
| J9080          | CYCLOPHOSPHAMIDE, 200 MG  | NO                  |
| J9090          | CYCLOPHOSPHAMIDE, 500 MG  | NO                  |
| J9096          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM   | NO                  |
| J9093          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG   | NO                  |
| J9097          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM   | NO                  |
| J9094          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG   | NO                  |
| J9095          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG   | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>   | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| J7516                 | CYCLOSPORIN, PARENTERAL, 250 MG   | NO                         |
| J9098                 | CYTARABINE LIPOSOME, 10 MG  | NO                         |
| J9100                 | CYTARABINE, 100 MG  | NO                         |
| J9110                 | CYTARABINE, 500 MG  | NO                         |
| J9130                 | DACARBAZINE, 100 MG   | NO                         |
| J9140                 | DACARBAZINE, 200 MG   | NO                         |
| J9120                 | DACTINOMYCIN, 0.5 MG  | NO                         |
| J9150                 | DAUNORUBICIN, 10 MG   | NO                         |
| J9165                 | DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG  | NO                         |
| 90702                 | DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE                         | NO                         |
| 90719                 | DIPHTHERIA TOXOID, FOR INTRAMUSCULAR USE  | YES                        |
| 90723                 | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE,  | NO                         |
| 90700                 | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE | NO                         |
| 90721                 | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS INFLUENZA B VACCINE (DTAP-HIB), FOR INTRAMUSCULAR USE     | NO                         |
| J9170                 | DOCETAXEL, 20 MG  | NO                         |
| J9000                 | DOXORUBICIN HCL, 10 MG  | NO                         |



| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J9001          | DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG   | NO                  |
| J9181          | ETOPOSIDE, 10 MG   | NO                  |
| J9182          | ETOPOSIDE, 100 MG  | NO                  |
| J7189          | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM                                | NO                  |
| J9200          | FLOXURIDINE, 500 MG  | NO                  |
| J9185          | FLUDARABINE PHOSPHATE, 50 MG   | NO                  |
| J9190          | FLUOROURACIL, 500 MG   | NO                  |
| J9201          | GEMCITABINE HCL, 200 MG  | NO                  |
| J9300          | GEMTUZUMAB OZOGAMICIN, 5MG   | NO                  |
| J9202          | GOSERELIN ACETATE IMPLANT, PER 3.6 MG  | NO                  |
| 90645          | HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE    | NO                  |
| 90647          | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE | NO                  |
| 90648          | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                  |
| 90636          | HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE             | NO                  |
| 90633          | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE          | NO                  |
| 90748          | HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE                 | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>   | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| 90371                 | HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE  | NO                         |
| 90746                 | HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE  | NO                         |
| 90740                 | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                         |
| 90747                 | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                         |
| 90744                 | HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                         |
| J9225                 | HISTRELIN IMPLANT, 50 MG  | NO                         |
| 90649                 | HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE   | NO                         |
| J7319                 | HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, PER INJECTION   | NO                         |
| J7130                 | HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL   | NO                         |
| J9211                 | IDARUBICIN HYDROCHLORIDE, 5 MG  | NO                         |
| J9208                 | IFOSFAMIDE, 1 GM  | NO                         |
| 90471                 | IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) | NO                         |
| 90660                 | INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE   | NO                         |
| 90655                 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE                                | NO                         |
| 90656                 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO 3 YEARS AND OLDER, FOR INTRAMUSCULAR USE  | NO                         |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| 90658          | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE  | NO                  |
| 90657          | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE   | NO                  |
| J7070          | INFUSION, D5W, 1000 CC  | NO                  |
| J7100          | INFUSION, DEXTRAN 40, 500 ML  | NO                  |
| J7110          | INFUSION, DEXTRAN 75, 500 ML  | NO                  |
| J7030          | INFUSION, NORMAL SALINE SOLUTION , 1000 CC  | NO                  |
| J7050          | INFUSION, NORMAL SALINE SOLUTION , 250 CC   | NO                  |
| J7040          | INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)   | NO                  |
| J1450          | INJECTION FLUCONAZOLE, 200 MG   | NO                  |
| J1745          | INJECTION INFlixIMAB, 10 MG   | YES                 |
| J1830          | INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN | NO                  |
| J0128          | INJECTION, ABARELIX, 10 MG  | NO                  |
| J0129          | INJECTION, ABATACEPT, 10 MG   | YES                 |
| J0132          | INJECTION, ACETYLCYSTEINE, 100 MG   | NO                  |
| J0133          | INJECTION, ACYCLOVIR, 5 MG  | NO                  |
| J0135          | INJECTION, ADALIMUMAB, 20 MG  | YES                 |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J0152                 | INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270) | NO                         |
| J0150                 | INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270) | NO                         |
| J0170                 | INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE   | NO                         |
| J0180                 | INJECTION, AGALSIDASE BETA, 1 MG   | NO                         |
| J0215                 | INJECTION, ALEFACEPT, 0.5 MG   | NO                         |
| J0205                 | INJECTION, ALGLUCERASE, PER 10 UNITS   | NO                         |
| S0147                 | INJECTION, ALGLUCOSIDASE ALFA, 20 MG   | NO                         |
| J0256                 | INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG   | NO                         |
| J2997                 | INJECTION, ALTEPLASE RECOMBINANT, 1 MG   | NO                         |
| J0207                 | INJECTION, AMIFOSTINE, 500 MG  | NO                         |
| J0280                 | INJECTION, AMINOPHYLLIN, UP TO 250 MG  | NO                         |
| J0282                 | INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG   | NO                         |
| J1320                 | INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG  | NO                         |
| J0300                 | INJECTION, AMOBARBITAL, UP TO 125 MG   | NO                         |
| J0288                 | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG   | NO                         |
| J0287                 | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG   | NO                         |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J0289          | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG                                     | NO                  |
| J0285          | INJECTION, AMPHOTERICIN B, 50 MG  | NO                  |
| J0290          | INJECTION, AMPICILLIN SODIUM, 500 MG  | NO                  |
| J0295          | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM                     | NO                  |
| J0348          | INJECTION, ANADULAFUNGIN, 1 MG  | NO                  |
| J0364          | INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG                                    | NO                  |
| J0365          | INJECTION, APROTONIN, 10,000 KIU  | NO                  |
| J0460          | INJECTION, ATROPINE SULFATE, UP TO 0.3 MG                                     | NO                  |
| J2910          | INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG                                       | NO                  |
| J0456          | INJECTION, AZITHROMYCIN, 500 MG   | NO                  |
| S0073          | INJECTION, AZTREONAM, 500 MG  | NO                  |
| J0475          | INJECTION, BACLOFEN, 10 MG  | NO                  |
| J0476          | INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL                             | NO                  |
| J0515          | INJECTION, BENZTROPINE MESYLATE, PER 1 MG                                     | NO                  |
| J0702          | INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG | NO                  |
| J0704          | INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG                           | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>                                      | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J0520                 | INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG | NO                         |
| J9035                 | INJECTION, BEVACIZUMAB, 10 MG  | NO                         |
| J0583                 | INJECTION, BIVALIRUDIN, 1 MG   | NO                         |
| J9041                 | INJECTION, BORTEZOMIB, 0.1 MG  | NO                         |
| J0945                 | INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG                          | NO                         |
| S0171                 | INJECTION, BUMETANIDE, 0.5MG   | NO                         |
| S0020                 | INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML                            | NO                         |
| J0592                 | INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG                         | NO                         |
| J0595                 | INJECTION, BUTORPHANOL TARTRATE, 1 MG                                  | NO                         |
| J0706                 | INJECTION, CAFFEINE CITRATE, 5MG                                       | NO                         |
| J0630                 | INJECTION, CALCITONIN SALMON, UP TO 400 UNITS                          | NO                         |
| J0636                 | INJECTION, CALCITRIOL, 0.1 MCG   | NO                         |
| J0610                 | INJECTION, CALCIUM GLUCONATE, PER 10 ML                                | NO                         |
| J0620                 | INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML     | NO                         |
| J0637                 | INJECTION, CASPOFUNGIN ACETATE, 5 MG                                   | NO                         |
| J0690                 | INJECTION, CEFAZOLIN SODIUM, 500 MG                                    | NO                         |

| Procedure Code | Procedure Code Description                              | Prior Authorization |
|----------------|---|---------------------|
| J0692          | INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG               | NO                  |
| J0698          | INJECTION, CEFOTAXIME SODIUM, PER GM                    | NO                  |
| S0074          | INJECTION, CEFOTETAN DISODIUM, 500 MG                   | NO                  |
| J0694          | INJECTION, CEFOXITIN SODIUM, 1 GM                       | NO                  |
| J0713          | INJECTION, CEFTAZIDIME, PER 500 MG                      | NO                  |
| J0715          | INJECTION, CEFTIZOXIME SODIUM, PER 500 MG               | NO                  |
| J0696          | INJECTION, CEFTRIAXONE SODIUM, PER 250 MG               | NO                  |
| J1890          | INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM             | NO                  |
| J9055          | INJECTION, CETUXIMAB, 10 MG                             | NO                  |
| J0720          | INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM | NO                  |
| J1990          | INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG           | NO                  |
| J2400          | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML      | NO                  |
| J1205          | INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG            | NO                  |
| J0725          | INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS  | NO                  |
| J0740          | INJECTION, CIDOFOVIR, 375 MG                            | NO                  |
| J0743          | INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG      | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| S0023                 | INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG                              | NO                         |
| J0744                 | INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG                | NO                         |
| J9065                 | INJECTION, CLADRIBINE, PER 1 MG  | NO                         |
| S0077                 | INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG                                 | NO                         |
| J0735                 | INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG                                 | NO                         |
| J0745                 | INJECTION, CODEINE PHOSPHATE, PER 30 MG                                  | NO                         |
| J0760                 | INJECTION, COLCHICINE, PER 1MG   | NO                         |
| J0770                 | INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG                           | NO                         |
| J0795                 | INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM                    | NO                         |
| J0800                 | INJECTION, CORTICOTROPIN, UP TO 40 UNITS                                 | NO                         |
| J0835                 | INJECTION, COSYNTROPIN, PER 0.25 MG                                      | NO                         |
| J0850                 | INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL | NO                         |
| J1645                 | INJECTION, DALTEPARIN SODIUM, PER 2500 IU                                | NO                         |
| J0878                 | INJECTION, DAPTOMYCIN, 1 MG  | NO                         |
| J0882                 | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)          | NO                         |
| J0881                 | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)                  | NO                         |



| Procedure Code | Procedure Code Description                       | Prior Authorization |
|----------------|--|---------------------|
| J0895          | INJECTION, DEFEROXAMINE MESYLATE, 500 MG         | NO                  |
| J1000          | INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG  | NO                  |
| J2597          | INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG       | NO                  |
| J1094          | INJECTION, DEXAMETHASONE ACETATE, 1 MG           | NO                  |
| J1100          | INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG   | NO                  |
| J1190          | INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG | NO                  |
| J3360          | INJECTION, DIAZEPAM, UP TO 5 MG                  | NO                  |
| J1730          | INJECTION, DIAZOXIDE, UP TO 300 MG               | NO                  |
| J0500          | INJECTION, DICYCLOMINE HCL, UP TO 20 MG          | NO                  |
| J1162          | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL  | NO                  |
| J1160          | INJECTION, DIGOXIN, UP TO 0.5 MG                 | NO                  |
| J1110          | INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG  | NO                  |
| J1240          | INJECTION, DIMENHYDRINATE, UP TO 50 MG           | NO                  |
| J0470          | INJECTION, DIMERCAPROL, PER 100 MG               | NO                  |
| J1200          | INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG      | NO                  |
| J1245          | INJECTION, DIPYRIDAMOLE, PER 10 MG               | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>                             | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| J1212                 | INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML               | NO                         |
| J1250                 | INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG               | NO                         |
| J1260                 | INJECTION, DOLASETRON MESYLATE, 10 MG                         | NO                         |
| J1265                 | INJECTION, DOPAMINE HCL, 40 MG                                | NO                         |
| J1270                 | INJECTION, DOXERCALCIFEROL, 1 MCG                             | NO                         |
| J1810                 | INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE | NO                         |
| J1790                 | INJECTION, DROPERIDOL, UP TO 5 MG                             | NO                         |
| J1180                 | INJECTION, DYPHYLLINE, UP TO 500 MG                           | NO                         |
| J0600                 | INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG            | NO                         |
| S0162                 | INJECTION, EFALIZUMAB, 125 MG                                 | YES                        |
| J9175                 | INJECTION, ELLIOTTS' B SOLUTION, 1 ML                         | NO                         |
| J1650                 | INJECTION, ENOXAPARIN SODIUM, 10 MG                           | NO                         |
| J9178                 | INJECTION, EPIRUBICIN HCL, 2 MG                               | NO                         |
| J0885                 | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS       | NO                         |
| Q4081                 | INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)     | NO                         |
| J0886                 | INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)    | NO                         |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J1327          | INJECTION, EPTIFIBATIDE, 5 MG   | NO                  |
| J1335          | INJECTION, ERTAPENEM SODIUM, 500 MG   | NO                  |
| J1364          | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG  | NO                  |
| J1380          | INJECTION, ESTRADIOL VALERATE, UP TO 10 MG  | NO                  |
| J1390          | INJECTION, ESTRADIOL VALERATE, UP TO 20 MG  | NO                  |
| J0970          | INJECTION, ESTRADIOL VALERATE, UP TO 40 MG  | NO                  |
| J1410          | INJECTION, ESTROGEN CONJUGATED, PER 25 MG   | NO                  |
| J1435          | INJECTION, ESTRONE, PER 1 MG  | NO                  |
| J1438          | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG | YES                 |
| J1430          | INJECTION, ETHANOLAMINE OLEATE, 100 MG  | NO                  |
| J1436          | INJECTION, ETIDRONATE DISODIUM, PER 300 MG  | NO                  |
| S0028          | INJECTION, FAMOTIDINE, 20 MG  | NO                  |
| J3010          | INJECTION, FENTANYL CITRATE, 0.1 MG   | NO                  |
| J1440          | INJECTION, FILGRASTIM (G-CSF), 300 MCG  | NO                  |
| J1441          | INJECTION, FILGRASTIM (G-CSF), 480 MCG  | NO                  |
| J2680          | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG  | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>                  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J1451                 | INJECTION, FOMEPIZOLE, 15 MG                       | NO                         |
| J1452                 | INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG | NO                         |
| J1652                 | INJECTION, FONDAPARINUX SODIUM, 0.5 MG             | NO                         |
| J1455                 | INJECTION, FOSCARNET SODIUM, PER 1000 MG           | NO                         |
| Q2009                 | INJECTION, FOSPHENYTOIN, 50 MG                     | NO                         |
| J9395                 | INJECTION, FULVESTRANT, 25 MG                      | NO                         |
| J1940                 | INJECTION, FUROSEMIDE, UP TO 20 MG                 | NO                         |
| J1457                 | INJECTION, GALLIUM NITRATE, 1 MG                   | NO                         |
| J1458                 | INJECTION, GALSULFASE, 1 MG                        | NO                         |
| J1460                 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC     | NO                         |
| J1550                 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC    | NO                         |
| J1470                 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC     | NO                         |
| J1480                 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC     | NO                         |
| J1490                 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC     | NO                         |
| J1500                 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC     | NO                         |
| J1510                 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC     | NO                         |



| Procedure Code | Procedure Code Description                                    | Prior Authorization |
|----------------|---|---------------------|
| J1520          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC                | NO                  |
| J1530          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC                | NO                  |
| J1540          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC                | NO                  |
| J1560          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC          | NO                  |
| J1570          | INJECTION, GANCICLOVIR SODIUM, 500 MG                         | NO                  |
| J1580          | INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG                 | NO                  |
| J1590          | INJECTION, GATIFLOXACIN, 10MG                                 | NO                  |
| J1595          | INJECTION, GLATIRAMER ACETATE, 20 MG                          | NO                  |
| J1610          | INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG                   | NO                  |
| J1600          | INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG                | NO                  |
| J1620          | INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG             | NO                  |
| J1626          | INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG                 | NO                  |
| J1631          | INJECTION, HALOPERIDOL DECANOATE, PER 50 MG                   | NO                  |
| J1630          | INJECTION, HALOPERIDOL, UP TO 5 MG                            | NO                  |
| J1640          | INJECTION, HEMIN, 1 MG  | NO                  |
| J1642          | INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J1644                 | INJECTION, HEPARIN SODIUM, PER 1000 UNITS                                      | NO                         |
| J0360                 | INJECTION, HYDRALAZINE HCL, UP TO 20 MG  | NO                         |
| J1700                 | INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG                                 | NO                         |
| J1710                 | INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG                        | NO                         |
| J1720                 | INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG                       | NO                         |
| J1170                 | INJECTION, HYDROMORPHONE, UP TO 4 MG   | NO                         |
| J1980                 | INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG                                  | NO                         |
| J1740                 | INJECTION, IBANDRONATE SODIUM, 1 MG  | NO                         |
| J1742                 | INJECTION, IBUTILIDE FUMARATE, 1 MG  | NO                         |
| J1566                 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), 500 MG     | NO                         |
| J1567                 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG | NO                         |
| J1815                 | INJECTION, INSULIN, PER 5 UNITS  | NO                         |
| J9212                 | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG                            | NO                         |
| Q3025                 | INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE                    | NO                         |
| Q3026                 | INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE                     | NO                         |
| J1825                 | INJECTION, INTERFERON BETA-1A, 33 MCG  | NO                         |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J1751          | INJECTION, IRON DEXTRAN 165, 50 MG                                | NO                  |
| J1752          | INJECTION, IRON DEXTRAN 267, 50 MG                                | NO                  |
| J1756          | INJECTION, IRON SUCROSE, 1 MG                                     | NO                  |
| J3365          | INJECTION, IV, UROKINASE, 250,000 I.U. VIAL                       | NO                  |
| J1840          | INJECTION, KANAMYCIN SULFATE, UP TO 500 MG                        | NO                  |
| J1850          | INJECTION, KANAMYCIN SULFATE, UP TO 75 MG                         | NO                  |
| J1885          | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG                      | NO                  |
| J1931          | INJECTION, LARONIDASE, 0.1 MG                                     | NO                  |
| J1945          | INJECTION, LEPIRUDIN, 50 MG                                       | NO                  |
| J1950          | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG | NO                  |
| J1955          | INJECTION, LEVOCARNITINE, PER 1 GM                                | NO                  |
| J1956          | INJECTION, LEVOFLOXACIN, 250 MG                                   | NO                  |
| J1960          | INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG                       | NO                  |
| J2001          | INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG          | NO                  |
| J2010          | INJECTION, LINCOMYCIN HCL, UP TO 300 MG                           | NO                  |
| J2060          | INJECTION, LORAZEPAM, 2 MG  | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J3475                 | INJECTION, MAGNESIUM SULFATE, PER 500 MG                                 | NO                         |
| J2150                 | INJECTION, MANNITOL, 25% IN 50 ML  | NO                         |
| J1056                 | INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG | NO                         |
| J1055                 | INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG     | NO                         |
| J1051                 | INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG                            | NO                         |
| J9245                 | INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG                                | NO                         |
| J2180                 | INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG                  | NO                         |
| J2175                 | INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG                          | NO                         |
| J0670                 | INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML                          | NO                         |
| J2185                 | INJECTION, MEROPENEM, 100 MG   | NO                         |
| J0380                 | INJECTION, METARAMINOL BITARTRATE, PER 10 MG                             | NO                         |
| J2800                 | INJECTION, METHOCARBAMOL, UP TO 10 ML                                    | NO                         |
| J0210                 | INJECTION, METHYLDOPATE HCL, UP TO 250 MG                                | NO                         |
| J2210                 | INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG                        | NO                         |
| J1020                 | INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG                             | NO                         |
| J1030                 | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG                             | NO                         |



| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J1040          | INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG                                | NO                  |
| J2930          | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG                | NO                  |
| J2920          | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG                 | NO                  |
| J2765          | INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG                                  | NO                  |
| S0030          | INJECTION, METRONIDAZOLE, 500 MG  | NO                  |
| J2248          | INJECTION, MICAFUNGIN SODIUM, 1 MG  | NO                  |
| J2250          | INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG                                | NO                  |
| J2260          | INJECTION, MILRINONE LACTATE, 5 MG  | NO                  |
| J9293          | INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG                             | NO                  |
| J2275          | INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG | NO                  |
| J2271          | INJECTION, MORPHINE SULFATE, 100 MG   | NO                  |
| J2270          | INJECTION, MORPHINE SULFATE, UP TO 10 MG                                    | NO                  |
| S0032          | INJECTION, NAFCILLIN SODIUM, 2 GRAMS  | NO                  |
| J2300          | INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG                              | NO                  |
| J2310          | INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG                                 | NO                  |
| J2321          | INJECTION, NANDROLONE DECANOATE, UP TO 100 MG                               | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>   | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| J2322                 | INJECTION, NANDROLONE DECANOATE, UP TO 200 MG   | NO                         |
| J2320                 | INJECTION, NANDROLONE DECANOATE, UP TO 50 MG  | NO                         |
| J9261                 | INJECTION, NELARABINE, 50 MG  | NO                         |
| J2710                 | INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG                                      | NO                         |
| J2353                 | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG                     | NO                         |
| J2354                 | INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG | NO                         |
| J2357                 | INJECTION, OMALIZUMAB, 5 MG   | NO                         |
| J2405                 | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG  | NO                         |
| J2355                 | INJECTION, OPRELVEKIN, 5 MG   | NO                         |
| J2360                 | INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG  | NO                         |
| J2700                 | INJECTION, OXACILLIN SODIUM, UP TO 250 MG   | NO                         |
| J9263                 | INJECTION, OXALIPLATIN, 0.5 MG  | NO                         |
| J2410                 | INJECTION, OXYMORPHONE HCL, UP TO 1 MG  | NO                         |
| J2460                 | INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG   | NO                         |
| J2590                 | INJECTION, OXYTOCIN, UP TO 10 UNITS   | NO                         |
| J9264                 | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG                                     | NO                         |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J2425          | INJECTION, PALIFERMIN, 50 MICROGRAMS  | NO                  |
| J2469          | INJECTION, PALONOSETRON HCL, 25 MCG   | NO                  |
| J2430          | INJECTION, PAMIDRONATE DISODIUM, PER 30 MG  | NO                  |
| S0164          | INJECTION, PANTOPRAZOLE SODIUM, 40 MG   | NO                  |
| J2440          | INJECTION, PAPAVERINE HCL, UP TO 60 MG  | NO                  |
| J2501          | INJECTION, PARICALCITOL, 1 MCG  | NO                  |
| J2504          | INJECTION, PEGADEMASE BOVINE, 25 IU   | NO                  |
| J2503          | INJECTION, PEGAPTANIB SODIUM, 0.3 MG  | NO                  |
| J2505          | INJECTION, PEGFILGRASTIM, 6 MG  | NO                  |
| S0146          | INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG PER 0.5 ML                          | NO                  |
| J9305          | INJECTION, PEMETREXED, 10 MG  | NO                  |
| J0540          | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS | NO                  |
| J0550          | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS | NO                  |
| J0530          | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS   | NO                  |
| J0570          | INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS                           | NO                  |
| J0580          | INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS                           | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J0560                 | INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS                            | NO                         |
| J2540                 | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS                             | NO                         |
| J2510                 | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS                     | NO                         |
| J2513                 | INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML                                       | NO                         |
| J3070                 | INJECTION, PENTAZOCINE, 30 MG  | NO                         |
| J2515                 | INJECTION, PENTOBARBITAL SODIUM, PER 50 MG   | NO                         |
| J2560                 | INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG                                      | NO                         |
| J2760                 | INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG                                       | NO                         |
| J2370                 | INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML   | NO                         |
| J1165                 | INJECTION, PHENYTOIN SODIUM, PER 50 MG   | NO                         |
| J3430                 | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG                                      | NO                         |
| S0081                 | INJECTION, PIPERACILLIN SODIUM, 500 MG   | NO                         |
| J2543                 | INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS) | NO                         |
| J3480                 | INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ   | NO                         |
| J2730                 | INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM  | NO                         |
| J2650                 | INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML  | NO                         |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J2690          | INJECTION, PROCAINAMIDE HCL, UP TO 1 GM   | NO                  |
| J0780          | INJECTION, PROCHLORPERAZINE, UP TO 10 MG  | NO                  |
| J2675          | INJECTION, PROGESTERONE, PER 50 MG  | NO                  |
| J2950          | INJECTION, PROMAZINE HCL, UP TO 25 MG   | NO                  |
| J2550          | INJECTION, PROMETHAZINE HCL, UP TO 50 MG  | NO                  |
| J1800          | INJECTION, PROPRANOLOL HCL, UP TO 1 MG  | NO                  |
| J2720          | INJECTION, PROTAMINE SULFATE, PER 10 MG   | NO                  |
| J2725          | INJECTION, PROTIRELIN, PER 250 MCG  | NO                  |
| J3415          | INJECTION, PYRIDOXINE HCL, 100 MG   | NO                  |
| J2780          | INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG                                      | NO                  |
| J2783          | INJECTION, RASBURICASE, 0.5 MG  | NO                  |
| J2993          | INJECTION, RETEPLASE, 18.1 MG   | NO                  |
| J2790          | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG                     | NO                  |
| J2788          | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG                       | NO                  |
| J2792          | INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU | NO                  |
| J2794          | INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG                                     | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>   | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| J2795                 | INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG  | NO                         |
| J2820                 | INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG  | NO                         |
| J2805                 | INJECTION, SINCALIDE, 5 MICROGRAMS  | NO                         |
| J2916                 | INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG  | NO                         |
| J2941                 | INJECTION, SOMATROPIN, 1 MG   | NO                         |
| J3320                 | INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM  | NO                         |
| J0697                 | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG  | NO                         |
| J2995                 | INJECTION, STREPTOKINASE, PER 250,000 IU  | NO                         |
| J3000                 | INJECTION, STREPTOMYCIN, UP TO 1 GM   | NO                         |
| J0330                 | INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG  | NO                         |
| J3030                 | INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG | NO                         |
| Q2017                 | INJECTION, TENIPOSIDE, 50 MG  | NO                         |
| J3105                 | INJECTION, TERBUTALINE SULFATE, UP TO 1 MG  | NO                         |
| J1060                 | INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML   | NO                         |
| J1080                 | INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG   | NO                         |
| J1070                 | INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG   | NO                         |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J0900          | INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC | NO                  |
| J3120          | INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG                      | NO                  |
| J3130          | INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG                      | NO                  |
| J3411          | INJECTION, THIAMINE HCL, 100 MG                                      | NO                  |
| J3280          | INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG                     | NO                  |
| J3243          | INJECTION, TIGECYCLINE, 1 MG   | NO                  |
| J1655          | INJECTION, TINZAPARIN SODIUM, 1000 IU                                | NO                  |
| J3265          | INJECTION, TORSEMIDE, 10 MG/ML                                       | NO                  |
| J3285          | INJECTION, TREPROSTINIL, 1 MG  | NO                  |
| J3305          | INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG                       | NO                  |
| J3315          | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG                              | NO                  |
| J3364          | INJECTION, UROKINASE, 5000 IU VIAL                                   | NO                  |
| J3370          | INJECTION, VANCOMYCIN HCL, 500 MG                                    | NO                  |
| J3396          | INJECTION, VERTEPORFIN, 0.1 MG                                       | NO                  |
| J3465          | INJECTION, VORICONAZOLE, 10 MG                                       | NO                  |
| J3485          | INJECTION, ZIDOVUDINE, 10 MG   | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>                          | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J3486                 | INJECTION, ZIPRASIDONE MESYLATE, 10 MG                     | NO                         |
| J3487                 | INJECTION, ZOLEDRONIC ACID, 1 MG                           | NO                         |
| J3230                 | INJECTION, CHLORPROMAZINE HCL, UP TO 50MG                  | NO                         |
| J3410                 | INJECTION, HYDROXYZINE HCL, UP TO 25MG                     | NO                         |
| J0640                 | INJECTION, LEUCOVORIN CALCIUM, PER 50MG                    | NO                         |
| J3150                 | INJECTION, TESTOSTERONE PROPIONATE, UP TO 100MG            | NO                         |
| J3140                 | INJECTION, TESTOSTERONE SUSPENSION, UP TO 50MG             | NO                         |
| J1670                 | INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS | NO                         |
| J3260                 | INJECTION, TOBRAMYCIN SULFATE, UP TO 80MG                  | NO                         |
| J3301                 | INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG               | NO                         |
| J3302                 | INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG                | NO                         |
| J3303                 | INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG             | NO                         |
| J3250                 | INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200MG              | NO                         |
| J3420                 | INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000MCG      | NO                         |
| J9213                 | INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS          | NO                         |
| J9214                 | INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS          | NO                         |



| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J9215          | INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU  | NO                  |
| J9216          | INTERFERON, GAMMA 1-B, 3 MILLION UNITS  | NO                  |
| J7300          | INTRAUTERINE COPPER CONTRACEPTIVE   | NO                  |
| 90767          | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN      | NO                  |
| 90768          | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  | NO                  |
| 90766          | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | NO                  |
| 90765          | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR   | NO                  |
| 90761          | INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | NO                  |
| 90760          | INTRAVENOUS INFUSION, HYDRATION; INITIAL, UP TO 1 HOUR  | NO                  |
| J9206          | IRINOTECAN, 20 MG   | NO                  |
| 96523          | IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS  | NO                  |
| 90735          | JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE   | NO                  |
| J9217          | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG   | NO                  |
| J9219          | LEUPROLIDE ACETATE IMPLANT, 65 MG   | NO                  |
| J9218          | LEUPROLIDE ACETATE,PER 1MG  | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J7302                 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG                                  | NO                         |
| J7504                 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG                     | NO                         |
| J7511                 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG                       | NO                         |
| 90708                 | MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE                                      | NO                         |
| 90705                 | MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE  | YES                        |
| 90707                 | MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE                         | NO                         |
| 90710                 | MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE                  | NO                         |
| J9230                 | MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG   | NO                         |
| 90734                 | MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE | NO                         |
| 90733                 | MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE                          | NO                         |
| J9209                 | MESNA, 200 MG  | NO                         |
| J9250                 | METHOTREXATE SODIUM, 5 MG  | NO                         |
| J9260                 | METHOTREXATE SODIUM, 50 MG   | NO                         |
| J9290                 | MITOMYCIN, 20 MG   | NO                         |
| J9291                 | MITOMYCIN, 40 MG   | NO                         |
| J9280                 | MITOMYCIN, 5 MG  | NO                         |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| 90704          | MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE  | YES                 |
| J9265          | PACLITAXEL, 30 MG  | NO                  |
| J9266          | PEGASPARGASE, PER SINGLE DOSE VIAL   | NO                  |
| J9268          | PENTOSTATIN, PER 10 MG   | NO                  |
| 90727          | PLAGUE VACCINE, FOR INTRAMUSCULAR USE  | NO                  |
| J9270          | PLICAMYCIN, 2.5 MG   | NO                  |
| 90669          | PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN YOUNGER THAN 5 YEARS, FOR INTRAMUSCULAR USE                                | NO                  |
| 90732          | PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR | NO                  |
| 90713          | POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE  | NO                  |
| 90375          | RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/ OR SUBCUTANEOUS USE  | NO                  |
| 90676          | RABIES VACCINE, FOR INTRADERMAL USE  | NO                  |
| 90675          | RABIES VACCINE, FOR INTRAMUSCULAR USE  | NO                  |
| 96522          | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)                             | NO                  |
| 96521          | REFILLING AND MAINTENANCE OF PORTABLE PUMP   | NO                  |
| 90378          | RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH   | YES                 |
| J7120          | RINGERS LACTATE INFUSION, UP TO 1000 CC  | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J9310                 | RITUXIMAB, 100 MG  | NO                         |
| 90706                 | RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE  | YES                        |
| J9320                 | STREPTOZOCIN, 1 GM   | NO                         |
| J7525                 | TACROLIMUS, PARENTERAL, 5 MG   | NO                         |
| S0189                 | TESTOSTERONE PELLETT, 75MG   | NO                         |
| 90718                 | TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE  | NO                         |
| 90714                 | TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE                              | NO                         |
| 90703                 | TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE   | NO                         |
| 90715                 | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE                           | NO                         |
| 90775                 | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST) | NO                         |
| 90773                 | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL  | NO                         |
| 90774                 | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG                          | NO                         |
| 90772                 | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR   | NO                         |
| J9340                 | THIOTEPA, 15 MG  | NO                         |
| J9350                 | TOPOTECAN, 4 MG  | NO                         |

| Procedure Code | Procedure Code Description                          | Prior Authorization |
|----------------|---|---------------------|
| J9355          | TRASTUZUMAB, 10 MG                                  | NO                  |
| J3590          | UNCLASSIFIED BIOLOGICS                              | NO                  |
| J9357          | VALRUBICIN, INTRAVESICAL, 200 MG                    | NO                  |
| 90716          | VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE | NO                  |
| J9360          | VINBLASTINE SULFATE, 1 MG                           | NO                  |
| J9370          | VINCRISTINE SULFATE, 1 MG                           | NO                  |
| J9375          | VINCRISTINE SULFATE, 2 MG                           | NO                  |
| J9380          | VINCRISTINE SULFATE, 5 MG                           | NO                  |
| J9390          | VINORELBINE TARTRATE, PER 10 MG                     | NO                  |
| 90717          | YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE    | NO                  |

### H.3 Physician Drug List by Procedure Code

The following table provides a listing of valid physician drug codes sorted numerically by procedure code. To view this list sorted alphabetically, refer to Section H.2, Physician Drug List by Name.

The following drugs can be injected subcutaneously, intramuscularly, or intravenously.

Appendix H as of 03/05/07

Replaced table

| Procedure Code | Procedure Code Description                  | Prior Authorization |
|----------------|---|---------------------|
| J7042          | 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT) | NO                  |
| J7060          | 5% DEXTROSE/WATER (500 ML = 1 UNIT)         | NO                  |
| J9015          | ALDESLEUKIN, PER SINGLE USE VIAL            | NO                  |
| J9010          | ALEMTUZUMAB, 10 MG                          | NO                  |
| J9017          | ARSENIC TRIOXIDE, 1MG                       | NO                  |
| J9020          | ASPARAGINASE, 10,000 UNITS                  | NO                  |
| J7501          | AZATHIOPRINE, PARENTERAL, 100 MG            | NO                  |
| J9031          | BCG (INTRAVESICAL) PER INSTILLATION         | NO                  |
| J9040          | BLEOMYCIN SULFATE, 15 UNITS                 | NO                  |
| J0585          | BOTULINUM TOXIN TYPE A, PER UNIT            | NO                  |
| J0587          | BOTULINUM TOXIN TYPE B, PER 100 UNITS       | NO                  |
| J9045          | CARBOPLATIN, 50 MG                          | NO                  |
| J9050          | CARMUSTINE, 100 MG                          | NO                  |

| Procedure Code | Procedure Code Description                                  | Prior Authorization |
|----------------|---|---------------------|
| J9062          | CISPLATIN, 50 MG  | NO                  |
| J9060          | CISPLATIN, POWDER OR SOLUTION, PER 10 MG                    | NO                  |
| J7304          | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH        | NO                  |
| J7303          | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH | NO                  |
| J9091          | CYCLOPHOSPHAMIDE, 1.0 GRAM                                  | NO                  |
| J9070          | CYCLOPHOSPHAMIDE, 100 MG                                    | NO                  |
| J9092          | CYCLOPHOSPHAMIDE, 2.0 GRAM                                  | NO                  |
| J9080          | CYCLOPHOSPHAMIDE, 200 MG                                    | NO                  |
| J9090          | CYCLOPHOSPHAMIDE, 500 MG                                    | NO                  |
| J9096          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM                     | NO                  |
| J9093          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG                       | NO                  |
| J9097          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM                     | NO                  |
| J9094          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG                       | NO                  |
| J9095          | CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG                       | NO                  |
| J7516          | CYCLOSPORIN, PARENTERAL, 250 MG                             | NO                  |
| J9098          | CYTARABINE LIPOSOME, 10 MG                                  | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>                                 | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| J9100                 | CYTARABINE, 100 MG  | NO                         |
| J9110                 | CYTARABINE, 500 MG  | NO                         |
| J9130                 | DACARBAZINE, 100 MG   | NO                         |
| J9140                 | DACARBAZINE, 200 MG   | NO                         |
| J9120                 | DACTINOMYCIN, 0.5 MG  | NO                         |
| J9150                 | DAUNORUBICIN, 10 MG   | NO                         |
| J9165                 | DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG                            | NO                         |
| J9170                 | DOCETAXEL, 20 MG  | NO                         |
| J9000                 | DOXORUBICIN HCL, 10 MG  | NO                         |
| J9001                 | DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG          | NO                         |
| J9181                 | ETOPOSIDE, 10 MG  | NO                         |
| J9182                 | ETOPOSIDE, 100 MG   | NO                         |
| J7189                 | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM | NO                         |
| J9200                 | FLOXURIDINE, 500 MG   | NO                         |
| J9185                 | FLUDARABINE PHOSPHATE, 50 MG                                      | NO                         |
| J9190                 | FLUOROURACIL, 500 MG  | NO                         |



| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J9201          | GEMCITABINE HCL, 200 MG   | NO                  |
| J9300          | GEMTUZUMAB OZOGAMICIN, 5MG  | NO                  |
| J9202          | GOSERELIN ACETATE IMPLANT, PER 3.6 MG   | NO                  |
| J9225          | HISTRELIN IMPLANT, 50 MG  | NO                  |
| J7319          | HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, PER INJECTION | NO                  |
| J7130          | HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL                                   | NO                  |
| J9211          | IDARUBICIN HYDROCHLORIDE, 5 MG  | NO                  |
| J9208          | IFOSFAMIDE, 1 GM  | NO                  |
| J7070          | INFUSION, D5W, 1000 CC  | NO                  |
| J7100          | INFUSION, DEXTRAN 40, 500 ML  | NO                  |
| J7110          | INFUSION, DEXTRAN 75, 500 ML  | NO                  |
| J7030          | INFUSION, NORMAL SALINE SOLUTION , 1000 CC  | NO                  |
| J7050          | INFUSION, NORMAL SALINE SOLUTION , 250 CC   | NO                  |
| J7040          | INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)                               | NO                  |
| J1450          | INJECTION FLUCONAZOLE, 200 MG   | NO                  |
| J1745          | INJECTION INFlixIMAB, 10 MG   | YES                 |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J1830          | INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN | NO                  |
| J0128          | INJECTION, ABARELIX, 10 MG  | NO                  |
| J0129          | INJECTION, ABATACEPT, 10 MG   | YES                 |
| J0132          | INJECTION, ACETYLCYSTEINE, 100 MG   | NO                  |
| J0133          | INJECTION, ACYCLOVIR, 5 MG  | NO                  |
| J0135          | INJECTION, ADALIMUMAB, 20 MG  | YES                 |
| J0152          | INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)                            | NO                  |
| J0150          | INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)                            | NO                  |
| J0170          | INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE  | NO                  |
| J0180          | INJECTION, AGALSIDASE BETA, 1 MG  | NO                  |
| J0215          | INJECTION, ALEFACEPT, 0.5 MG  | NO                  |
| J0205          | INJECTION, ALGLUCERASE, PER 10 UNITS  | NO                  |
| S0147          | INJECTION, ALGLUCOSIDASE ALFA, 20 MG  | NO                  |
| J0256          | INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG  | NO                  |
| J2997          | INJECTION, ALTEPLASE RECOMBINANT, 1 MG  | NO                  |
| J0207          | INJECTION, AMIFOSTINE, 500 MG   | NO                  |

| Procedure Code | Procedure Code Description                                   | Prior Authorization |
|----------------|--|---------------------|
| J0280          | INJECTION, AMINOPHYLLIN, UP TO 250 MG                        | NO                  |
| J0282          | INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG                   | NO                  |
| J1320          | INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG                    | NO                  |
| J0300          | INJECTION, AMOBARBITAL, UP TO 125 MG                         | NO                  |
| J0288          | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG | NO                  |
| J0287          | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG               | NO                  |
| J0289          | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG                    | NO                  |
| J0285          | INJECTION, AMPHOTERICIN B, 50 MG                             | NO                  |
| J0290          | INJECTION, AMPICILLIN SODIUM, 500 MG                         | NO                  |
| J0295          | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM    | NO                  |
| J0348          | INJECTION, ANADULAFUNGIN, 1 MG                               | NO                  |
| J0364          | INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG                   | NO                  |
| J0365          | INJECTION, APROTONIN, 10,000 KIU                             | NO                  |
| J0460          | INJECTION, ATROPINE SULFATE, UP TO 0.3 MG                    | NO                  |
| J2910          | INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG                      | NO                  |
| J0456          | INJECTION, AZITHROMYCIN, 500 MG                              | NO                  |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| S0073          | INJECTION, AZTREONAM, 500 MG  | NO                  |
| J0475          | INJECTION, BACLOFEN, 10 MG  | NO                  |
| J0476          | INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL                             | NO                  |
| J0515          | INJECTION, BENZTROPINE MESYLATE, PER 1 MG                                     | NO                  |
| J0702          | INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG | NO                  |
| J0704          | INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG                           | NO                  |
| J0520          | INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG        | NO                  |
| J9035          | INJECTION, BEVACIZUMAB, 10 MG   | NO                  |
| J0583          | INJECTION, BIVALIRUDIN, 1 MG  | NO                  |
| J9041          | INJECTION, BORTEZOMIB, 0.1 MG   | NO                  |
| J0945          | INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG                                 | NO                  |
| S0171          | INJECTION, BUMETANIDE, 0.5MG  | NO                  |
| S0020          | INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML                                   | NO                  |
| J0592          | INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG                                | NO                  |
| J0595          | INJECTION, BUTORPHANOL TARTRATE, 1 MG   | NO                  |
| J0706          | INJECTION, CAFFEINE CITRATE, 5MG  | NO                  |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J0630          | INJECTION, CALCITONIN SALMON, UP TO 400 UNITS                      | NO                  |
| J0636          | INJECTION, CALCITRIOL, 0.1 MCG                                     | NO                  |
| J0610          | INJECTION, CALCIUM GLUCONATE, PER 10 ML                            | NO                  |
| J0620          | INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML | NO                  |
| J0637          | INJECTION, CASPOFUNGIN ACETATE, 5 MG                               | NO                  |
| J0690          | INJECTION, CEFAZOLIN SODIUM, 500 MG                                | NO                  |
| J0692          | INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG                          | NO                  |
| J0698          | INJECTION, CEFOTAXIME SODIUM, PER GM                               | NO                  |
| S0074          | INJECTION, CEFOTETAN DISODIUM, 500 MG                              | NO                  |
| J0694          | INJECTION, CEFOXITIN SODIUM, 1 GM                                  | NO                  |
| J0713          | INJECTION, CEFTAZIDIME, PER 500 MG                                 | NO                  |
| J0715          | INJECTION, CEFTIZOXIME SODIUM, PER 500 MG                          | NO                  |
| J0696          | INJECTION, CEFTRIAXONE SODIUM, PER 250 MG                          | NO                  |
| J1890          | INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM                        | NO                  |
| J9055          | INJECTION, CETUXIMAB, 10 MG  | NO                  |
| J0720          | INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM            | NO                  |

| Procedure Code | Procedure Code Description                                | Prior Authorization |
|----------------|---|---------------------|
| J1990          | INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG             | NO                  |
| J2400          | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML        | NO                  |
| J1205          | INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG              | NO                  |
| J0725          | INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS    | NO                  |
| J0740          | INJECTION, CIDOFOVIR, 375 MG                              | NO                  |
| J0743          | INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG        | NO                  |
| S0023          | INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG               | NO                  |
| J0744          | INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG | NO                  |
| J9065          | INJECTION, CLADRIBINE, PER 1 MG                           | NO                  |
| S0077          | INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG                  | NO                  |
| J0735          | INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG                  | NO                  |
| J0745          | INJECTION, CODEINE PHOSPHATE, PER 30 MG                   | NO                  |
| J0760          | INJECTION, COLCHICINE, PER 1MG                            | NO                  |
| J0770          | INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG            | NO                  |
| J0795          | INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM     | NO                  |
| J0800          | INJECTION, CORTICOTROPIN, UP TO 40 UNITS                  | NO                  |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J0835          | INJECTION, COSYNTROPIN, PER 0.25 MG                                      | NO                  |
| J0850          | INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL | NO                  |
| J1645          | INJECTION, DALTEPARIN SODIUM, PER 2500 IU                                | NO                  |
| J0878          | INJECTION, DAPTOMYCIN, 1 MG  | NO                  |
| J0882          | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)          | NO                  |
| J0881          | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)                  | NO                  |
| J0895          | INJECTION, DEFEROXAMINE MESYLATE, 500 MG                                 | NO                  |
| J1000          | INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG                          | NO                  |
| J2597          | INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG                               | NO                  |
| J1094          | INJECTION, DEXAMETHASONE ACETATE, 1 MG                                   | NO                  |
| J1100          | INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG                           | NO                  |
| J1190          | INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG                         | NO                  |
| J3360          | INJECTION, DIAZEPAM, UP TO 5 MG  | NO                  |
| J1730          | INJECTION, DIAZOXIDE, UP TO 300 MG                                       | NO                  |
| J0500          | INJECTION, DICYCLOMINE HCL, UP TO 20 MG                                  | NO                  |
| J1162          | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL                          | NO                  |

| Procedure Code | Procedure Code Description                                    | Prior Authorization |
|----------------|---|---------------------|
| J1160          | INJECTION, DIGOXIN, UP TO 0.5 MG                              | NO                  |
| J1110          | INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG               | NO                  |
| J1240          | INJECTION, DIMENHYDRINATE, UP TO 50 MG                        | NO                  |
| J0470          | INJECTION, DIMERCAPROL, PER 100 MG                            | NO                  |
| J1200          | INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG                   | NO                  |
| J1245          | INJECTION, DIPYRIDAMOLE, PER 10 MG                            | NO                  |
| J1212          | INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML               | NO                  |
| J1250          | INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG               | NO                  |
| J1260          | INJECTION, DOLASETRON MESYLATE, 10 MG                         | NO                  |
| J1265          | INJECTION, DOPAMINE HCL, 40 MG                                | NO                  |
| J1270          | INJECTION, DOXERCALCIFEROL, 1 MCG                             | NO                  |
| J1810          | INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE | NO                  |
| J1790          | INJECTION, DROPERIDOL, UP TO 5 MG                             | NO                  |
| J1180          | INJECTION, DYPHYLLINE, UP TO 500 MG                           | NO                  |
| J0600          | INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG            | NO                  |
| S0162          | INJECTION, EFALIZUMAB, 125 MG                                 | YES                 |



| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J9175          | INJECTION, ELLIOTTS' B SOLUTION, 1 ML   | NO                  |
| J1650          | INJECTION, ENOXAPARIN SODIUM, 10 MG   | NO                  |
| J9178          | INJECTION, EPIRUBICIN HCL, 2 MG   | NO                  |
| J0885          | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS   | NO                  |
| Q4081          | INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)   | NO                  |
| J0886          | INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)  | NO                  |
| J1327          | INJECTION, EPTIFIBATIDE, 5 MG   | NO                  |
| J1335          | INJECTION, ERTAPENEM SODIUM, 500 MG   | NO                  |
| J1364          | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG  | NO                  |
| J1380          | INJECTION, ESTRADIOL VALERATE, UP TO 10 MG  | NO                  |
| J1390          | INJECTION, ESTRADIOL VALERATE, UP TO 20 MG  | NO                  |
| J0970          | INJECTION, ESTRADIOL VALERATE, UP TO 40 MG  | NO                  |
| J1410          | INJECTION, ESTROGEN CONJUGATED, PER 25 MG   | NO                  |
| J1435          | INJECTION, ESTRONE, PER 1 MG  | NO                  |
| J1438          | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG | YES                 |
| J1430          | INJECTION, ETHANOLAMINE OLEATE, 100 MG  | NO                  |

| Procedure Code | Procedure Code Description                         | Prior Authorization |
|----------------|--|---------------------|
| J1436          | INJECTION, ETIDRONATE DISODIUM, PER 300 MG         | NO                  |
| S0028          | INJECTION, FAMOTIDINE, 20 MG                       | NO                  |
| J3010          | INJECTION, FENTANYL CITRATE, 0.1 MG                | NO                  |
| J1440          | INJECTION, FILGRASTIM (G-CSF), 300 MCG             | NO                  |
| J1441          | INJECTION, FILGRASTIM (G-CSF), 480 MCG             | NO                  |
| J2680          | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG     | NO                  |
| J1451          | INJECTION, FOMEPIZOLE, 15 MG                       | NO                  |
| J1452          | INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG | NO                  |
| J1652          | INJECTION, FONDAPARINUX SODIUM, 0.5 MG             | NO                  |
| J1455          | INJECTION, FOSCARNET SODIUM, PER 1000 MG           | NO                  |
| Q2009          | INJECTION, FOSPHENYTOIN, 50 MG                     | NO                  |
| J9395          | INJECTION, FULVESTRANT, 25 MG                      | NO                  |
| J1940          | INJECTION, FUROSEMIDE, UP TO 20 MG                 | NO                  |
| J1457          | INJECTION, GALLIUM NITRATE, 1 MG                   | NO                  |
| J1458          | INJECTION, GALSULFASE, 1 MG                        | NO                  |
| J1460          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC     | NO                  |

| Procedure Code | Procedure Code Description                           | Prior Authorization |
|----------------|--|---------------------|
| J1550          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC      | NO                  |
| J1470          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC       | NO                  |
| J1480          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC       | NO                  |
| J1490          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC       | NO                  |
| J1500          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC       | NO                  |
| J1510          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC       | NO                  |
| J1520          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC       | NO                  |
| J1530          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC       | NO                  |
| J1540          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC       | NO                  |
| J1560          | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC | NO                  |
| J1570          | INJECTION, GANCICLOVIR SODIUM, 500 MG                | NO                  |
| J1580          | INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG        | NO                  |
| J1590          | INJECTION, GATIFLOXACIN, 10MG                        | NO                  |
| J1595          | INJECTION, GLATIRAMER ACETATE, 20 MG                 | NO                  |
| J1610          | INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG          | NO                  |
| J1600          | INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG       | NO                  |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J1620          | INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG                          | NO                  |
| J1626          | INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG                              | NO                  |
| J1631          | INJECTION, HALOPERIDOL DECANOATE, PER 50 MG                                | NO                  |
| J1630          | INJECTION, HALOPERIDOL, UP TO 5 MG   | NO                  |
| J1640          | INJECTION, HEMIN, 1 MG   | NO                  |
| J1642          | INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS              | NO                  |
| J1644          | INJECTION, HEPARIN SODIUM, PER 1000 UNITS                                  | NO                  |
| J0360          | INJECTION, HYDRALAZINE HCL, UP TO 20 MG                                    | NO                  |
| J1700          | INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG                             | NO                  |
| J1710          | INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG                    | NO                  |
| J1720          | INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG                   | NO                  |
| J1170          | INJECTION, HYDROMORPHONE, UP TO 4 MG                                       | NO                  |
| J1980          | INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG                              | NO                  |
| J1740          | INJECTION, IBANDRONATE SODIUM, 1 MG  | NO                  |
| J1742          | INJECTION, IBUTILIDE FUMARATE, 1 MG  | NO                  |
| J1566          | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), 500 MG | NO                  |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J1567          | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG | NO                  |
| J1815          | INJECTION, INSULIN, PER 5 UNITS  | NO                  |
| J9212          | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG                            | NO                  |
| Q3025          | INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE                    | NO                  |
| Q3026          | INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE                     | NO                  |
| J1825          | INJECTION, INTERFERON BETA-1A, 33 MCG  | NO                  |
| J1751          | INJECTION, IRON DEXTRAN 165, 50 MG   | NO                  |
| J1752          | INJECTION, IRON DEXTRAN 267, 50 MG   | NO                  |
| J1756          | INJECTION, IRON SUCROSE, 1 MG  | NO                  |
| J3365          | INJECTION, IV, UROKINASE, 250,000 I.U. VIAL                                    | NO                  |
| J1840          | INJECTION, KANAMYCIN SULFATE, UP TO 500 MG                                     | NO                  |
| J1850          | INJECTION, KANAMYCIN SULFATE, UP TO 75 MG                                      | NO                  |
| J1885          | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG                                   | NO                  |
| J1931          | INJECTION, LARONIDASE, 0.1 MG  | NO                  |
| J1945          | INJECTION, LEPIRUDIN, 50 MG  | NO                  |
| J1950          | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG              | NO                  |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J1955          | INJECTION, LEVOCARNITINE, PER 1 GM                                       | NO                  |
| J1956          | INJECTION, LEVOFLOXACIN, 250 MG  | NO                  |
| J1960          | INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG                              | NO                  |
| J2001          | INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG                 | NO                  |
| J2010          | INJECTION, LINCOMYCIN HCL, UP TO 300 MG                                  | NO                  |
| J2060          | INJECTION, LORAZEPAM, 2 MG   | NO                  |
| J3475          | INJECTION, MAGNESIUM SULFATE, PER 500 MG                                 | NO                  |
| J2150          | INJECTION, MANNITOL, 25% IN 50 ML  | NO                  |
| J1056          | INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG | NO                  |
| J1055          | INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG     | NO                  |
| J1051          | INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG                            | NO                  |
| J9245          | INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG                                | NO                  |
| J2180          | INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG                  | NO                  |
| J2175          | INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG                          | NO                  |
| J0670          | INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML                          | NO                  |
| J2185          | INJECTION, MEROPENEM, 100 MG   | NO                  |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J0380          | INJECTION, METARAMINOL BITARTRATE, PER 10 MG                                | NO                  |
| J2800          | INJECTION, METHOCARBAMOL, UP TO 10 ML                                       | NO                  |
| J0210          | INJECTION, METHYLDOPATE HCL, UP TO 250 MG                                   | NO                  |
| J2210          | INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG                           | NO                  |
| J1020          | INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG                                | NO                  |
| J1030          | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG                                | NO                  |
| J1040          | INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG                                | NO                  |
| J2930          | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG                | NO                  |
| J2920          | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG                 | NO                  |
| J2765          | INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG                                  | NO                  |
| S0030          | INJECTION, METRONIDAZOLE, 500 MG  | NO                  |
| J2248          | INJECTION, MICA FUNGIN SODIUM, 1 MG   | NO                  |
| J2250          | INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG                                | NO                  |
| J2260          | INJECTION, MILRINONE LACTATE, 5 MG  | NO                  |
| J9293          | INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG                             | NO                  |
| J2275          | INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG | NO                  |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J2271          | INJECTION, MORPHINE SULFATE, 100 MG   | NO                  |
| J2270          | INJECTION, MORPHINE SULFATE, UP TO 10 MG  | NO                  |
| S0032          | INJECTION, NAFCILLIN SODIUM, 2 GRAMS  | NO                  |
| J2300          | INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG  | NO                  |
| J2310          | INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG   | NO                  |
| J2321          | INJECTION, NANDROLONE DECANOATE, UP TO 100 MG   | NO                  |
| J2322          | INJECTION, NANDROLONE DECANOATE, UP TO 200 MG   | NO                  |
| J2320          | INJECTION, NANDROLONE DECANOATE, UP TO 50 MG  | NO                  |
| J9261          | INJECTION, NELARABINE, 50 MG  | NO                  |
| J2710          | INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG                                      | NO                  |
| J2353          | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG                     | NO                  |
| J2354          | INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG | NO                  |
| J2357          | INJECTION, OMALIZUMAB, 5 MG   | NO                  |
| J2405          | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG  | NO                  |
| J2355          | INJECTION, OPRELVEKIN, 5 MG   | NO                  |
| J2360          | INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG  | NO                  |



| Procedure Code | Procedure Code Description                                 | Prior Authorization |
|----------------|--|---------------------|
| J2700          | INJECTION, OXACILLIN SODIUM, UP TO 250 MG                  | NO                  |
| J9263          | INJECTION, OXALIPLATIN, 0.5 MG                             | NO                  |
| J2410          | INJECTION, OXYMORPHONE HCL, UP TO 1 MG                     | NO                  |
| J2460          | INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG                | NO                  |
| J2590          | INJECTION, OXYTOCIN, UP TO 10 UNITS                        | NO                  |
| J9264          | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG        | NO                  |
| J2425          | INJECTION, PALIFERMIN, 50 MICROGRAMS                       | NO                  |
| J2469          | INJECTION, PALONOSETRON HCL, 25 MCG                        | NO                  |
| J2430          | INJECTION, PAMIDRONATE DISODIUM, PER 30 MG                 | NO                  |
| S0164          | INJECTION, PANTOPRAZOLE SODIUM, 40 MG                      | NO                  |
| J2440          | INJECTION, PAPAVERINE HCL, UP TO 60 MG                     | NO                  |
| J2501          | INJECTION, PARICALCITOL, 1 MCG                             | NO                  |
| J2504          | INJECTION, PEGADEMASE BOVINE, 25 IU                        | NO                  |
| J2503          | INJECTION, PEGAPTANIB SODIUM, 0.3 MG                       | NO                  |
| J2505          | INJECTION, PEGFILGRASTIM, 6 MG                             | NO                  |
| S0146          | INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG PER 0.5 ML | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>   | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| J9305                 | INJECTION, PEMETREXED, 10 MG  | NO                         |
| J0540                 | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS | NO                         |
| J0550                 | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS | NO                         |
| J0530                 | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS   | NO                         |
| J0570                 | INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS                           | NO                         |
| J0580                 | INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS                           | NO                         |
| J0560                 | INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS                             | NO                         |
| J2540                 | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS                              | NO                         |
| J2510                 | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS                      | NO                         |
| J2513                 | INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML  | NO                         |
| J3070                 | INJECTION, PENTAZOCINE, 30 MG   | NO                         |
| J2515                 | INJECTION, PENTOBARBITAL SODIUM, PER 50 MG  | NO                         |
| J2560                 | INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG                                       | NO                         |
| J2760                 | INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG  | NO                         |
| J2370                 | INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML  | NO                         |
| J1165                 | INJECTION, PHENYTOIN SODIUM, PER 50 MG  | NO                         |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J3430          | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG                                      | NO                  |
| S0081          | INJECTION, PIPERACILLIN SODIUM, 500 MG   | NO                  |
| J2543          | INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS) | NO                  |
| J3480          | INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ   | NO                  |
| J2730          | INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM  | NO                  |
| J2650          | INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML  | NO                  |
| J2690          | INJECTION, PROCAINAMIDE HCL, UP TO 1 GM  | NO                  |
| J0780          | INJECTION, PROCHLORPERAZINE, UP TO 10 MG   | NO                  |
| J2675          | INJECTION, PROGESTERONE, PER 50 MG   | NO                  |
| J2950          | INJECTION, PROMAZINE HCL, UP TO 25 MG  | NO                  |
| J2550          | INJECTION, PROMETHAZINE HCL, UP TO 50 MG   | NO                  |
| J1800          | INJECTION, PROPRANOLOL HCL, UP TO 1 MG   | NO                  |
| J2720          | INJECTION, PROTAMINE SULFATE, PER 10 MG  | NO                  |
| J2725          | INJECTION, PROTIRELIN, PER 250 MCG   | NO                  |
| J3415          | INJECTION, PYRIDOXINE HCL, 100 MG  | NO                  |
| J2780          | INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG   | NO                  |

| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J2783          | INJECTION, RASBURICASE, 0.5 MG  | NO                  |
| J2993          | INJECTION, RETEPLASE, 18.1 MG   | NO                  |
| J2790          | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG                     | NO                  |
| J2788          | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG                       | NO                  |
| J2792          | INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU | NO                  |
| J2794          | INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG                                     | NO                  |
| J2795          | INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG                                      | NO                  |
| J2820          | INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG  | NO                  |
| J2805          | INJECTION, SINCALIDE, 5 MICROGRAMS  | NO                  |
| J2916          | INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG        | NO                  |
| J2941          | INJECTION, SOMATROPIN, 1 MG   | NO                  |
| J3320          | INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM                            | NO                  |
| J0697          | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG                                | NO                  |
| J2995          | INJECTION, STREPTOKINASE, PER 250,000 IU  | NO                  |
| J3000          | INJECTION, STREPTOMYCIN, UP TO 1 GM   | NO                  |
| J0330          | INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG                                | NO                  |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J3030          | INJECTION, SUMATRIPTAN SUCCINATE, 6 MG<br>(CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG | NO                  |
| Q2017          | INJECTION, TENIPOSIDE, 50 MG   | NO                  |
| J3105          | INJECTION, TERBUTALINE SULFATE, UP TO 1 MG   | NO                  |
| J1060          | INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML  | NO                  |
| J1080          | INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG  | NO                  |
| J1070          | INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG  | NO                  |
| J0900          | INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC   | NO                  |
| J3120          | INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG  | NO                  |
| J3130          | INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG  | NO                  |
| J3411          | INJECTION, THIAMINE HCL, 100 MG  | NO                  |
| J3280          | INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG   | NO                  |
| J3243          | INJECTION, TIGECYCLINE, 1 MG   | NO                  |
| J1655          | INJECTION, TINZAPARIN SODIUM, 1000 IU  | NO                  |
| J3265          | INJECTION, TORSEMIDE, 10 MG/ML   | NO                  |
| J3285          | INJECTION, TREPROSTINIL, 1 MG  | NO                  |
| J3305          | INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG   | NO                  |

| Procedure Code | Procedure Code Description                                 | Prior Authorization |
|----------------|--|---------------------|
| J3315          | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG                    | NO                  |
| J3364          | INJECTION, UROKINASE, 5000 IU VIAL                         | NO                  |
| J3370          | INJECTION, VANCOMYCIN HCL, 500 MG                          | NO                  |
| J3396          | INJECTION, VERTEPORFIN, 0.1 MG                             | NO                  |
| J3465          | INJECTION, VORICONAZOLE, 10 MG                             | NO                  |
| J3485          | INJECTION, ZIDOVUDINE, 10 MG                               | NO                  |
| J3486          | INJECTION, ZIPRASIDONE MESYLATE, 10 MG                     | NO                  |
| J3487          | INJECTION, ZOLEDRONIC ACID, 1 MG                           | NO                  |
| J3230          | INJECTION, CHLORPROMAZINE HCL, UP TO 50MG                  | NO                  |
| J3410          | INJECTION, HYDROXYZINE HCL, UP TO 25MG                     | NO                  |
| J0640          | INJECTION, LEUCOVORIN CALCIUM, PER 50MG                    | NO                  |
| J3150          | INJECTION, TESTOSTERONE PROPIONATE, UP TO 100MG            | NO                  |
| J3140          | INJECTION, TESTOSTERONE SUSPENSION, UP TO 50MG             | NO                  |
| J1670          | INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS | NO                  |
| J3260          | INJECTION, TOBRAMYCIN SULFATE, UP TO 80MG                  | NO                  |
| J3301          | INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG               | NO                  |

| Procedure Code | Procedure Code Description   | Prior Authorization |
|----------------|--|---------------------|
| J3302          | INJECTION,TRIAMCINOLONE DIACETATE, PER 5MG                                     | NO                  |
| J3303          | INJECTION,TRIAMCINOLONE HEXACETONIDE,PER 5MG                                   | NO                  |
| J3250          | INJECTION,TRIMETHOBENZAMIDE HCL,UP TO 200MG                                    | NO                  |
| J3420          | INJECTION,VITAMIN B-12 CYANOCOBALAMIN,UP TO 1000MCG                            | NO                  |
| J9213          | INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS                              | NO                  |
| J9214          | INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS                              | NO                  |
| J9215          | INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU                     | NO                  |
| J9216          | INTERFERON, GAMMA 1-B, 3 MILLION UNITS   | NO                  |
| J7300          | INTRAUTERINE COPPER CONTRACEPTIVE  | NO                  |
| J9206          | IRINOTECAN, 20 MG  | NO                  |
| J9217          | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG                              | NO                  |
| J9219          | LEUPROLIDE ACETATE IMPLANT, 65 MG  | NO                  |
| J9218          | LEUPROLIDE ACETATE,PER 1MG   | NO                  |
| J7302          | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG              | NO                  |
| J7504          | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG | NO                  |
| J7511          | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG   | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>                        | <b>Prior Authorization</b> |
|-----------------------|--|----------------------------|
| J9230                 | MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG | NO                         |
| J9209                 | MESNA, 200 MG  | NO                         |
| J9250                 | METHOTREXATE SODIUM, 5 MG                                | NO                         |
| J9260                 | METHOTREXATE SODIUM, 50 MG                               | NO                         |
| J9290                 | MITOMYCIN, 20 MG   | NO                         |
| J9291                 | MITOMYCIN, 40 MG   | NO                         |
| J9280                 | MITOMYCIN, 5 MG  | NO                         |
| J9265                 | PACLITAXEL, 30 MG  | NO                         |
| J9266                 | PEGASPARGASE, PER SINGLE DOSE VIAL                       | NO                         |
| J9268                 | PENTOSTATIN, PER 10 MG                                   | NO                         |
| J9270                 | PLICAMYCIN, 2.5 MG                                       | NO                         |
| J7120                 | RINGERS LACTATE INFUSION, UP TO 1000 CC                  | NO                         |
| J9310                 | RITUXIMAB, 100 MG  | NO                         |
| J9320                 | STREPTOZOCIN, 1 GM                                       | NO                         |
| J7525                 | TACROLIMUS, PARENTERAL, 5 MG                             | NO                         |
| S0189                 | TESTOSTERONE PELLET, 75MG                                | NO                         |



| Procedure Code | Procedure Code Description  | Prior Authorization |
|----------------|---|---------------------|
| J9340          | THIOTEPA, 15 MG   | NO                  |
| J9350          | TOPOTECAN, 4 MG   | NO                  |
| J9355          | TRASTUZUMAB, 10 MG  | NO                  |
| J3590          | UNCLASSIFIED BIOLOGICS  | NO                  |
| J9357          | VALRUBICIN, INTRAVESICAL, 200 MG  | NO                  |
| J9360          | VINBLASTINE SULFATE, 1 MG   | NO                  |
| J9370          | VINCRISTINE SULFATE, 1 MG   | NO                  |
| J9375          | VINCRISTINE SULFATE, 2 MG   | NO                  |
| J9380          | VINCRISTINE SULFATE, 5 MG   | NO                  |
| J9390          | VINORELBINE TARTRATE, PER 10 MG   | NO                  |
| 90371          | HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE  | NO                  |
| 90375          | RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/ OR SUBCUTANEOUS USE   | NO                  |
| 90378          | RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH  | YES                 |
| 90471          | IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) | NO                  |
| 90585          | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE   | NO                  |
| 90586          | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE   | NO                  |

| <b>Procedure Code</b> | <b>Procedure Code Description</b>   | <b>Prior Authorization</b> |
|-----------------------|---|----------------------------|
| 90633                 | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE   | NO                         |
| 90636                 | HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE  | NO                         |
| 90645                 | HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                         |
| 90647                 | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE                                      | NO                         |
| 90648                 | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE  | NO                         |
| 90649                 | HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE                       | NO                         |
| 90655                 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE      | NO                         |
| 90656                 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO 3 YEARS AND OLDER, FOR INTRAMUSCULAR USE                | NO                         |
| 90657                 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE                         | NO                         |
| 90658                 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE                            | NO                         |
| 90660                 | INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE   | NO                         |
| 90669                 | PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN YOUNGER THAN 5 YEARS, FOR INTRAMUSCULAR USE                 | NO                         |
| 90675                 | RABIES VACCINE, FOR INTRAMUSCULAR USE   | NO                         |
| 90676                 | RABIES VACCINE, FOR INTRADERMAL USE   | NO                         |
| 90700                 | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE | NO                         |
| 90702                 | DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE                         | NO                         |

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| 90703          | TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE  | NO                  |
| 90704          | MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE   | YES                 |
| 90705          | MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE   | YES                 |
| 90706          | RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE   | YES                 |
| 90707          | MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE  | NO                  |
| 90708          | MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE   | NO                  |
| 90710          | MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE   | NO                  |
| 90713          | POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE   | NO                  |
| 90714          | TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE     | NO                  |
| 90715          | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE  | NO                  |
| 90716          | VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE   | NO                  |
| 90717          | YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE  | NO                  |
| 90718          | TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE                         | NO                  |
| 90719          | DIPHTHERIA TOXOID, FOR INTRAMUSCULAR USE  | YES                 |
| 90721          | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS INFLUENZA B VACCINE (DTAP-HIB), FOR INTRAMUSCULAR USE | NO                  |
| 90723          | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE,                                    | NO                  |

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| 90727                 | PLAGUE VACCINE, FOR INTRAMUSCULAR USE   | NO                         |
| 90732                 | PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR            | NO                         |
| 90733                 | MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE   | NO                         |
| 90734                 | MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE  | NO                         |
| 90735                 | JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE   | NO                         |
| 90740                 | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                         |
| 90744                 | HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                         |
| 90746                 | HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE  | NO                         |
| 90747                 | HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | NO                         |
| 90748                 | HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE  | NO                         |
| 90760                 | INTRAVENOUS INFUSION, HYDRATION; INITIAL, UP TO 1 HOUR  | NO                         |
| 90761                 | INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | NO                         |
| 90765                 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR   | NO                         |
| 90766                 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | NO                         |
| 90767                 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN      | NO                         |
| 90768                 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY  | NO                         |

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| 90772          | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR  | NO                  |
| 90773          | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL   | NO                  |
| 90774          | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG                           | NO                  |
| 90775          | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST)  | NO                  |
| 96401          | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC  | NO                  |
| 96402          | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC  | NO                  |
| 96405          | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS   | NO                  |
| 96406          | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS   | NO                  |
| 96409          | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG  | NO                  |
| 96411          | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)       | NO                  |
| 96413          | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG   | NO                  |
| 96415          | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)               | NO                  |
| 96416          | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A          | NO                  |
| 96417          | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/ DRUG), UP TO 1 HOUR (LIST SEPARATELY | NO                  |
| 96420          | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE   | NO                  |
| 96422          | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR   | NO                  |

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| 96423                 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)         | NO                         |
| 96425                 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR | NO                         |
| 96440                 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS  | NO                         |
| 96445                 | CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS   | NO                         |
| 96450                 | CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE  | NO                         |
| 96521                 | REFILLING AND MAINTENANCE OF PORTABLE PUMP  | NO                         |
| 96522                 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)                                  | NO                         |
| 96523                 | IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS  | NO                         |